

Zurich HomeCare Householder Insurance Plan

Enrolment Form

「居安保」住戶保險計劃

投保表格



Agent Name
代理人姓名： _____

Agent No
代理人編號： _____

Enquiry no. 查詢電話：(852) 2903 9391 Fax 傳真：(852) 2968 0639

Please tick the appropriate box and * delete whichever is inappropriate. 請✓適用方格及於*號刪去不適用者。

Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

I. Proposer's information 投保人資料

Mr./Mrs./Ms.* 先生/太太/女士*	Surname: 姓：	First Name: 名：	Other Name: 別名：	
HKID card no.: 香港身份證號碼：	Occupation: 職業：			
Risk address: 投保地址：	Flat/Room 室/單位	Floor 樓	Block 座	Building 大廈
	Estate name/Street no. & name/Lot no.* 屋苑名稱/街名及門牌/地段*			District 地區
Correspondence address: 通訊地址：	Flat/Room 室/單位	Floor 樓	Block 座	Building 大廈
	Estate name/Street no. & name/Lot no.* 屋苑名稱/街名及門牌/地段*			District 地區
E-mail address: 電郵地址：	Mobile phone no.: 流動電話號碼：			
Night time telephone no.: 晚間聯絡電話：	Day time telephone no.: 日間聯絡電話：			

II. Plan selection 所需保障

Effective date of insurance 保障生效日期 _____ D _____ M _____ Y
日 _____ 月 _____ 年

Basic coverage 基本計劃

Household gross area (sq. ft.) 建築面積(平方呎)	Annual Premium (HK\$) 每年保費(港幣/元)
<input type="radio"/> <= 500	650
<input type="radio"/> 501-700	900
<input type="radio"/> 701-1,000	1,200
<input type="radio"/> 1,001-1,500	1,650
<input type="radio"/> 1,501-2,000	1,950
<input type="radio"/> >2,000 Please state 請列明 _____	Individual considerations 個別計算

Property Type 樓宇類型

Multi-storey building 多層大廈 Village house 村屋 Detached house 獨立屋

Building age 樓齡

Below 10 years 十年以下 Over 10 years to 25 years 超過10年至25年 Over 25 years to 35 years 超過25年至35年

Over 35 years 超過35年 - Any recent renovation done in the unit and/or the whole building 該單位及/或整幢大廈最近作出之保養維修工程： _____

Extend cover to the following facilities 額外設施保障 (Under Legal Liability section 於法律責任保障範圍下)

Car parking space 停車場位置 Garden / Yard 花園 / 庭院 Flat roof 天台 Private pool 私人泳池

Optional coverage 附加保障

Building coverage 樓宇結構保障

Household gross area (sq. ft.) 建築面積(平方呎)	Annual Premium (HK\$) 每年保費(港幣/元)
<input type="radio"/> <= 500	500
<input type="radio"/> 501-700	630
<input type="radio"/> 701-1,000	1,020
<input type="radio"/> 1,001-1,500	1,530
<input type="radio"/> 1,501-2,000	2,040
<input type="radio"/> >2,000 Please state 請列明 _____	Individual considerations 個別計算

Worldwide personal possessions protections 全球私人財物保障

Unspecified item 一般個人財物[†]

Sum insured 投保額： _____

Specified items 指定受保財物 (Sum insured 投保額)

[†] If the above space is insufficient, please attach a separate sheet 如上表不敷填寫，請另加紙詳述。
Please provide relevant sales receipt or valuation reports. 請提供有關單據或估值報告。

III. Insurance details 保險資料

If your answer to the following questions is "Yes", please provide full details. 以下問題若答「是」者，請指出及詳細列明事件細節及日期。

Have you ever been refused by other insurance companies with similar coverage? If yes, please state: Yes 是 No 否
閣下曾否遭保險公司拒絕接受投保同類型保險計劃？如有，請列明：

During the past 12 months, have you sustained any loss whether insured or otherwise, in connection with the cover which insurance has been requested? If yes, please state: Yes 是 No 否
過去十二個月內，閣下有否蒙受任何與現申請保障有關之損失？不論已投保與否，如有，請列明：

IV. Declaration 聲明細則

- I declare that my home is built of bricks, stone or concrete and roofed with concrete.
 - I declare that to the best of my knowledge and belief the information on this enrolment form is true and complete in every respect. I understand that this enrolment form and declaration will form the basis of the contract between me and Zurich Insurance Company Limited (the "Company").
 - I understand that if I am not completely satisfied with Zurich HomeCare Householder Insurance Policy ("the Policy"), I can return it to the Company within 14 days upon receipt and any premium charged during this period will be refunded in full.
 - I understand that I shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
 - I understand I must complete and provide all information requested in this form, failing which the Company cannot process my application for the Policy.
- 本人聲明本人的住宅是用磚石或石屎建成，並蓋有石屎屋頂。
 - 本人特此聲明此投保表格的資料乃根據本人所知及所信為確實及完全而填報，屬實無訛。本人明白本人與蘇黎世保險有限公司(「貴公司」)的保險合約將照此投保表格及聲明而訂立。
 - 本人明白本人如對保單條款未盡滿意，可於收到保單後 14 天內退回保單，所繳之保費將獲原銀奉還。
 - 本人明白所有保障範圍、不承保事項、條款及細則概以蘇黎世「居安保」住戶保險計劃保單為準。
 - 本人明白本人必須完成及提供此表格之所有資料，貴公司將不會受理本人資料不全之保單申請。

This insurance application will not be in force until the application has been accepted by the Company and the premium has been paid.
此保險申請需待貴公司覆核，接納投保書及已繳付保費後才能生效。

<input checked="" type="checkbox"/>	Signature of proposer: 投保人簽署：	Date 日期：	D 日	M 月	Y 年
-------------------------------------	----------------------------------	----------	-----	-----	-----

V. Personal Information Collection Statement 收集個人資料聲明

I/We understand and agree that the personal information collected or held by Zurich Insurance Company Ltd. ("the Company"), whether contained in this form or otherwise obtained by the Company and/or its associated companies ("the Zurich Group"), may be used by the Zurich Group for the following purposes:

- to assess, process, evaluate and determine my/our requests for applications, claims or services;
- to provide on-going services concerning this application or other insurance products of the Zurich Group;
- to process and give effect to my/our requests for direct debit authorization or credit card payment;
- to collect any premium and/or deductible payable to the Zurich Group;
- to analyze, investigate, approve and/or determine my/our claims;
- to answer, handle and defend any claim, action and/or proceedings brought against me/us;
- to exercise the Zurich Group's rights as more particularly defined in applicable policy wordings, including but not limited to the subrogation right;
- to disclose and transfer to the Zurich Group's authorized service providers for their carrying out of the above mentioned purposes, and such service providers include legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, debt collectors and accountants;
- to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments;
- to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products of the Zurich Group and its business partners, and where appropriate, to disclose and pass to the Zurich Group's authorized marketing partners for such purposes; and
- to conduct market research, insurance surveys, and to compile statistics, for the Zurich Group's development of services and insurance products.

I/We understand that I/we have the right to access to, correct and/or change any of my/our personal information held by the Zurich Group by contacting the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong. I/we agree that the Company may charge a reasonable administrative fee.

I understand I may also contact the Personal Data Privacy Officer if I do not wish to receive any marketing materials from the Zurich Group.

本人/吾等明白並同意一切由蘇黎世保險有限公司(「貴公司」)從此表格或由貴公司及其關連機構(「蘇黎世集團」)以其他任何方式所收集及保存之個人資料，均可能被蘇黎世集團使用於下列目的：

- 評核、辦理、評估及決定此項申請、索償或其他服務；
- 確保就此項申請或蘇黎世集團其他保險產品所提供之服務及日常運作；
- 辦理及履行銀行賬戶或信用卡直接付款；
- 收取應繳付予蘇黎世集團之保費及/或自負額；
- 分析、調查、批核及/或決定本人/吾等之索償；
- 回覆、處理及辯護任何對本人/吾等之索償、訴訟及/或起訴；
- 行使代位權及/或根據保單條例賦予蘇黎世集團之其他權利；
- 交予及提供第三方服務供應商以執行上述目的，第三方服務供應商包括法律諮詢人、調查員、理賠師、再保公司、醫護及復康人員、考察員、專業人員、維修人員、追討公司及會計師等；
- 履行任何香港法庭或其他監管機構所發出之合法要求或命令，包括保險業監管局、香港保險業聯會、核數師、香港政府或其相關機構；
- 推廣蘇黎世集團及其商業伙伴之保險及/或其他財務產品，派發市場推廣資料及作出市場推廣活動，及適時將資料披露及轉交予蘇黎世集團授權之市場推廣商業伙伴以達致上述目的；
- 進行市場調查、保險研究及數據統計，供蘇黎世集團研發相關服務及保險產品。

本人/吾等明白本人/吾等可向貴公司之個人資料私隱主任要求查閱、更正及/或更改由蘇黎世集團持有有關本人/吾等的任何個人資料，地址為香港港島東華蘭路18號港島東中心24-27樓。本人/吾等同意貴公司有權收取合理之行政費用。

本人明白本人可以書面向貴公司之個人資料私隱主任要求停止收取蘇黎世集團任何市場推廣資料。

<input checked="" type="checkbox"/>	Signature of proposer: 投保人簽署：	Date 日期：	D 日	M 月	Y 年
-------------------------------------	----------------------------------	----------	-----	-----	-----

如中文譯本與英文有異，概以英文文本為準。

Zurich Insurance Company Limited (a company incorporated in Switzerland) 蘇黎世保險有限公司(於瑞士註冊成立之公司)

24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

香港港島東華蘭路18號港島東中心24-27樓

Customer Services Hotline 客戶服務熱線：(852) 2968 2288 Fax 傳真：(852) 2968 0639 Website 網址：http://www.zurich.com.hk